

DOB 11-6-63

Haldol

[illegible]

HEALTHCARE UNIT

PATIENT INFORMATION SLIP

INSTITUTION

SGC

Donald, Jeffery
NAME

140977 W/M
NUMBER R/S

Lay-in for _____ days from _____ to _____

(date)

due to _____

(date)

Instructions:

Come to HCU @ 6 ^{PM}
on 10/24 for ear surg.

Failure to follow the directions above may result in a disciplinary.

10-20-93
Date Issued

H. BURKE, Jr.
Signature

F-53

PATIENT INFORMATION SLIP

Staten
INSTITUTION

Sowd, Jeffery 140927 w/m
NAME NUMBER R/S
No preopals tendency → than 1 hour X
lay in for 120 days from 10/7 to
(date)
1/7/03 due to c/o old ankle
(date) problem

Instructions:

Failure to follow the directions above may result in a disciplinary.

10/7/02
Date IssuedDR Sommer / HSS
Signature

F-53

HEALTH CARE UNIT
PATIENT INFORMATION SLIP
SCC

INSTITUTION

NAME Donald Jeffery NUMBER 140977 R/S WMS
Lay-in for ✓ days from to
(date) (date)

(date)

due to

(date)

Instructions:

Work stop 1240
due to ↑ temp -
flu sy

Failure to follow the directions above may result in a disciplinary.

1/7/00
Date Issued

Ward G. R.
Signature

11/23/68

LIMITATIONS - SPECIFY

I II III

Haldol, Neopurin Opthal. ointment.

CHRONIC CONDITIONS:

[illegible]

NAME: *Hould, Jeffery*AIS: *14077*

ALLERGIES:

Haldol
AKA Neomycin 100th.
*Chlorbutol*Urinalysis
HCT, Chol, & FBS q 3 yrs

DATE

*

*

9/20/93

CXR q 3 yrs

BUN q 1 yr

DATE

*

*

EKG q 3 yrs

DATE

*

DATE

11/23/93

SUBJECTIVE DATA: *q 1 mo.

1. Headache
2. Dizziness
3. Chest Pain
4. Exercise Capacity
5. Smoking-Pks/Day
6. Amaurosis (trans. blind)
7. Dietary Compliance
8. Weight

*occasionally**NO**NO**walk 4 1/2 hr. q. day**1/2 pkgs qd**NO**NO**159 1/2 lbs*

NURSING EXAM: *q 1 mo.

1. BP Left Arm
- BP Right Arm
2. Pulse
3. Edema
4. Pedal Pulse

*118/78**110/74**68**None**present*

MD Exam: *q 1 mo.

1. Fundus
2. Heart
3. Lungs
4. Pedal Pulse
5. Edema

LAB & X-Ray

1. K+ q 3 mo if on diuretic
2. K+ & BUN q 1 mo 3X then q 6 mo if on ACE Inhibitor
3. K+ q 1 yr if no diuretic/ACE
4. Creat. only if BUN abnormal
5. Other lab (*from top of page)

MEDICATIONS

1. *Indural 40mg BID 430day Mon.*
- 2.
- 3.
- 4.
- 5.

Compliant

DATE

1. Patient should recognize the varying effect of certain factors on symptoms of hypertension: i.e. family history, sex, weight, race, stress.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

2. Patient should be aware of the need for certain dietary restrictions: i.e. reduced salt, low fat, low cholesterol, low caffeine products

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

3. Patient should be aware that he should seek prompt medical attention when symptoms occur: headache, blurred vision, nausea/vomiting, dizziness, weakness.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

4. Patient should be aware of the importance of an adequate and consistent rest schedule.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

5. Patient should recognize the side effects of therapeutic medications: hypotension, dizziness, nasal congestion, loss of strength, loss of appetite. He should know to rise slowly from a supine or sitting position and to lie down if dizziness occurs.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

6. Patient should be aware of the dangers of smoking and discuss methods of quitting or cutting back: S&S of vascular disease, carcinoma of lung, upper respiratory infections, increased incidence of stroke, heart disease.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

7. Patient should be aware of the importance of a regular exercise routine to increase cardiac output, low cholesterol, control weight and produce feeling of general well being.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

8. Patient should understand the importance of medication compliance per M.D.'s orders and the necessity for laboratory monitoring, a.m. meds, BID meds, combination of medications, and monitoring certain blood product data.

DISCUSSED: *yes*

PATIENT UNDERSTANDING: *good*

NAME (Last, First, Middle)

AIS#

DOB

RACE/SEX

Gold, Jeffery

140977

11/10/65

W/M

OVER

DATE

11/23/93.

TIME

10:40 AM

This is to certify that I, Jeffery T. Gould

AIS I

140977

of the

Ventress

Facility, am

Line is far to long & I only need this medication periodically

against the advise of the attending physician and of the administratio
 I acknowledge that I have been informed of and understand the risk(s)
 involved and hereby release the attending physician, Quest
 Care, Inc., its officers, employees, and agents from any liabil
 or responsibility for any injury or damage which I may suffer because
 of this decision.

When necessary, insert brief explanation of what inmate was told.

Explains due to ~~inmate~~ inmates non-compliance with. Individual
and Midren The HCU staff will not be held responsible
for any problems which may occur due to the pre-
scribed medication is available in HCU.

Done this

23rd

day of

November

19 93.

R.D. Watson col

Witness

P. Ford

Witness

Signature of Inmate

Jeffery T. Gould

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse) YES NO COMMENTS

Weight Change (>15 lb.) ✓ Last Weight at least 6 mo.'s.
(Compare Weight Below) ✓ ago:

Persistent Cough

Chest Pain ✓

Blood In Urine or Stool ✓

Difficult Urination ✓

Other Illnesses (Details) ✓

Smoke, Dip or Chew ✓ 1 ph bulge q 2 days, otc

ALLERGIES ✓ Haldol

Weight 180 Temp. 97.5 Pulse 88 Resp. 20 B.P. 110/70

Eye Exam: Without Glasses OD 20/70 OS 20/70 OU 20/70

With Glasses OD OS OU

*glasses
broken*

II. TESTING - (Nurse) RESULTS

Tuberculin Skin Test (q yr.) Date Given 9/9/00 Site LFA

(chest x-ray if clinical symptoms) Read On 9/11/00 Results 0 mm

RPR (q 3 yrs.) Date 9/9/00 Results NR

Urine Dip (yearly) Results 9/9/00 WNL

(Glu., Pro., RBC., WBC.)

EKG (baseline at 35, over 45 q 3 yrs.) 9/4/99 borderline

Cholesterol (at 35 then q 5 yrs.) 3/1/99 180

Tetanus/Diphtheria (q 10 yrs.) Last Given 10/25/97 Due 2007

If Done Today: Site Given Dose Lot #

Mammogram - (Annually - Females > 49) Date Done N/A Results

III. PHYSICAL RESULTS

Heart RRR

Lungs clear

Breast (q 2 yrs. p 30) Date N/A Results

Rectal (yearly p 45) Results N/A Hemocult

Pelvic and PAP (q 1 yr.) Date N/A Results

Inmate Name Deuld Jeffery AIS # 140977

DOB 11/6/63 Age 36 Race W Sex M SSN 417 045135

Emergency Addressee Bonnie Turner Phone # 256 378 5689

Address 4378 Pecan Rd Childersburg 35044

Facility SCC Nurse Signature NW Wofin Rd Date 9/9/00

Physician Signature A. Rastogi Date 10/12/00

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
Date Given: <u>9/9/00</u>	Date Read: <u>9/11/00</u>
Site Given: <u>LEA</u>	Size: <u>0</u> mm
Lot #: <u>C0148AA</u>	
Nurse: <u>NW wdfin RW</u>	Nurse: <u>Ad Smith hpi</u>

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Inmate Signature Jeffery Todd Howell Date 9-9-00

Witness Signature NW wdfin RW Date 9/9/00

INMATE NAME:	ID#:	RACE:	LOCATION:
<u>Howell, Jeffery</u>	<u>140977</u>	<u>W/M</u>	<u>SEC</u>

PERIODIC HEALTH ASSESSMENT

I. HISTORY - (Nurse) YES NO COMMENTS

Weight Change (>15 lb.) ✓ Last Weight at least 6 mo.'s. ago:

(Compare Weight Below)

Persistent Cough ✓

Chest Pain ✓

Blood In Urine or Stool ✓ 2 wks ago

Difficult Urination ✓

Other Illnesses (Details) ✓ Ankle Prob.

Smoke, Dip or Chew ✓ 1/2 PK daily

ALLERGIES ✓ Saldol

Weight 184 Temp. 97.5 Pulse 76 Resp. 18 B.P. 110/80

Eye Exam: Without Glasses OD 20/50 OS 20/50 OU 20/50

With Glasses OD OS OU

II. TESTING - (Nurse) RESULTS

Tuberculin Skin Test (q yr.) Date Given 9-4-99 Site LFA

(chest x-ray if clinical symptoms) Read On 9-6-99 Results 0 mm

RPR (q 3 yrs.) Date 10-23-97 Results NR

Urine Dip (yearly) Results 9-4-99 NR

(Glu., Pro., RBC., WBC.)

EKG (baseline at 35, over 45 q 3 yrs.) 9-4-99 normal

Cholesterol (at 35 then q 5 yrs.) 3-1-99 180

Tetanus/Diphtheria (q 10 yrs.) Last Given 10-25-97 Due 2007

If Done Today: Site Given Dose Lot #

Mammogram - (Annually - Females > 49) Date Done N/A Results

III. PHYSICAL RESULTS

Heart

Lungs

Breast (q 2 yrs. p 30) Date N/A Results

Rectal (yearly p 45) Results N/A Hemocult

Pelvic and PAP (q 1 yr.) Date N/A Results

Inmate Name Gould, Jeffery AIS # 140997

DOB 11-6-63 Age 35 Race WW Sex M SSN 417 045135

Emergency Addressee Bonnie Turner Phone # N/A

Address 4378 Pecan Rd Chulaburg AL

Facility SCC Nurse Signature Date

Physician Signature Date

TUBERCULIN PPD FOR INMATES

INITIAL SKIN TEST	
Date Given: <u>9-4-99</u>	Date Read: <u>9/6/99</u>
Site Given: <u>LFA</u>	Size: <u>8</u> mm
Lot #: <u>2503-11</u>	
Nurse: <u>J. Ringer LPN</u>	Nurse: <u>AH Smith LPN</u>

I have received a fact sheet on TB and have had the opportunity to have my questions answered. I agreed to TB testing by PPD. I understand the PPD must be read 72 hours after being administered. I have never had a positive reaction to a TB skin test, nor have I ever been treated with TB drugs. I have also been instructed to check with my regular physician or the public health department if I am released prior to the TB test being read.

Jeffery Zold
Inmate Signature

9-4-99
Date

J. Ringer LPN
Witness Signature

9-4-99
Date

INMATE NAME:	ID#:	RACE:	LOCATION:
<u>GOULD, Jeffrey</u>	<u>140977</u>	<u>W/m</u>	<u>STAYON</u>

PERIODIC HEALTH ASSESSMENT

I. HISTORY YES NO COMMENTS

Weight Change (>15 lb.) — ✓ Last Weight at least 6 mo.'s ago: _____
 (Compare Weight Below) _____
 Persistent Cough — ✓ _____
 Chest Pain — ✓ _____
 Blood in urine or stool — ✓ _____
 Difficult urination — ✓ _____
 Other illnesses (details) — ✓ _____
 Smoke, dip, or chew ✓ — 1/2 pps _____
 ALLERGIES ✓ — _____

Weight 150 Temp. 98.2 Pulse 64 Resp. 13 B.P. 112/64
 Eye Exam: Without Glasses O.D. _____ O.S. _____ O.U. 20/30
 With Glasses O.D. _____ O.S. _____ O.U. _____

II. TESTING RESULTS

Tuberculin skin test (q yr) Date given 9/25/98 Site LA
 (chest x-ray if clinical symptoms) Read on 9/27/98 Results 0 mm
 RPR (q 3 yrs) Date 10/97 Results Neg
 Urine dip (yearly) Results N/C
 (glu, Pro, RBC, WBC) _____
 EKG (baseline at 35, >45 q 3 yrs) 0
 Cholesterol (at 35 then q 5 yrs) 0
 Tetanus/diphtheria (q 10 yrs) last given 10/97 due _____
 If done today Site given _____ Dose _____ Lot _____

III. PHYSICAL RESULTS

Heart WNL
 Lungs Clear
 Breast (q2 yrs p 30) Date _____ Results _____
 Rectal (yearly p 45) Results _____
 With Hemocult Results _____
 Pelvic and PAP (q 1 yr) Date _____ Results _____

Inmate Name Gould, Jeffery Ais# 140977
 DOB 11/6/63 Age 35 Race A Sex M SSN 417-04-5135
 Emergency Addressee Bonnie Turner Phone 378-5689
 Address 4378 Pecan Rd, Childersburg, AL
 Facility W DCF Nurse M. Cash Date 9/25/98
 Physician Signature R Date _____

CORRECTIONAL MEDICAL SERVICES INTAKE MENTAL HEALTH SCREENING

INMATE NAME: <u>Donald, Jeffery</u>		ID #: <u>140977</u>	RACE: <u>W/A</u>	D.O.B.: <u>11/6/63</u>
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SUICIDE POTENTIAL SCREENING (circle)		PSYCHIATRIC SCREENING (circle)	
1. Arresting or transporting officer believes subject may be suicide risk.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. History of psychotropic medication? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type: <u>Ativan, Miltail, Sinegron, Elavil</u> Current Dosage: Source: <u>Draper CF</u>
2. Lacks close family/friends in community.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	2. History of psychiatric hospitalization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	When: Where:
3. Experienced a significant loss within last 6 months (loss of job, relationship, death of close family member). <u>lost - not communicating</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	3. History of outpatient mental health treatment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When: <u>1985</u> Where: <u>Draper CF</u>
4. Worried about major problems other than legal situation (terminal illness) <u>He being fearful/feeling of doom</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	4. History of violent behavior? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	When: <u>1985</u> Where: <u>Jefferson Co / Halladega Co</u>
5. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend, lover).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	BEHAVIORAL OBSERVATIONS Difficulties observed in following area: (circle)	
6. Has psychiatric history (psychotropic medication or treatment).	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Eye Contact	Terrified/crying
7. Holds position of respect in community (i.e., professional, public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment / shame.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Appearance	Orientation
8. Expresses thoughts about killing self.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Activity	Concentration -
9. Has a suicide plan and/or suicide instrument in possession.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Mood - <u>c/o depressed mood</u>	Speech - <u>well understood</u>
10. Has previous suicide attempt. (Check wrists & note method).	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Affect - <u>normal</u>	Delusional - <u>none</u>
11. Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness).	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Memory	Hallucinations - <u>denied</u>
12. Shows signs of depression (crying, emotional flatness).	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Intellectual Functioning	Psychotic Symptoms <u>None</u>
13. Appears overly anxious, afraid or angry.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	COMMENTS: <u>c/o racing thoughts</u> <u>Presented w/ c/o being fearful of going to a prison security prison. Also reported that he told someone in the camp (KCF) that he was charged w/ sexual abuse against his 9 yr old niece.</u> <u>Also c/o sleep disturbance & nervousness. Request psychotropic medication.</u> <u>1. Refer to sex offense group.</u> <u>2. Refer to out-patient clinic</u>	
14. Appears to feel unusually embarrassed or ashamed. <u>due to charge</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
15. Is acting and/or talking in a strange manner. (Cannot focus attention; hearing or seeing things not there)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
16. Is apparently under the influence of alcohol or drugs.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
17. If YES to #16, is individual incoherent or showing signs of withdrawal or mental illness.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
TOTAL YES'S = If there are any circles in shaded areas, or total of Yes's is 8 or more, alert Shift Commander and refer for Mental Health Evaluation.		7	
SUMMARY			
<input type="checkbox"/> No mental health problems <input checked="" type="checkbox"/> Mental health problems requiring routine follow-up <input type="checkbox"/> Chronic mental health problem <input type="checkbox"/> Mental Illness <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Other <input type="checkbox"/> Acute mental health problem <input type="checkbox"/> Psychosis <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/> Potential withdrawal from substance abuse.			
DISPOSITION			
<input type="checkbox"/> Approved for General Population: <input type="checkbox"/> No Mental Health Referral <input checked="" type="checkbox"/> Approved for General Population: <input type="checkbox"/> Routine Mental Health Referral <input type="checkbox"/> Special Housing: Mental Health Referral ASAP <input type="checkbox"/> Suicide Precaution Procedures: <input type="checkbox"/> Mental Health Referral ASAP <input type="checkbox"/> Psychiatric Referral <input type="checkbox"/> Medical Monitoring for Potential Withdrawal			

SCREENED BY: F. Wilson, M.S.DATE: 11/6/97 TIME: _____

REVIEWED BY: _____ ID # _____

DATE: _____ TIME: _____

ECS

CORRECTIONAL MEDICAL SERVICES
MEDICAL HISTORY AND SCREENINGKCF
INSTITUTION

INMATE NAME: <u>Jeffery</u>		ID# <u>140977</u>	RACE: <u>W</u>	D.O.B.: <u>11-6-63</u>
INMATE QUESTIONNAIRE (circle one)			CURRENT MEDICAL CONDITIONS (circle terms that apply)	
1. Do you have a medical problem such as bleeding or injuries that requires immediate medical attention?	Yes	No	Unconscious	Skin Infection
2. Have you fainted or had a head injury within past six months?	Yes	No	Disoriented	Restricted Mobility
3. Have you been seen by a doctor in the past six months?	Yes	No	Intoxicated	Skin Rash
4. Do you wear glasses or contact lenses?	Yes	No	Lesions	Jaundice
5. Do you have prosthesis, splint, crutches, cast or brace that you need while here?	Yes	No	Obvious Pain	Needle Marks
6. Do you drink wine, beer or whiskey How often? <u>Not</u> How much? <u>Not</u> Last time? <u>March 1979</u>	Yes	No	Bruises	Swollen Glands
7. Have you had seizures or blackouts when you stop drinking?	Yes	No	Fever	Active Cough
8. Do you use drugs? Type <u>Cocaine</u> How often? <u>23 times</u> Last time <u>March 1979</u>	Yes	No	Nausea	Vaginal/Penile Discharge
9. Have you had withdrawal problems when you stop taking drugs?	Yes	No	Uses Tobacco	Dental Problems
10. Are you currently detoxing? If yes, from what substance?	Yes	No	MEDICAL HISTORY (circle terms that apply)	
11. Do you have any medical problems we should know about?	Yes	No	Arthritis	Frequent Diarrhea
12. Have you been in this facility before?	Yes	No	Diabetes	Genital Sores
MENTAL HEALTH			Seizure Disorder	V.D.
13. Have you ever been hospitalized or treated for psychiatric problem?	Yes	No	Asthma	Hepatitis
14. Have you ever considered or attempted suicide	Yes	No	Special Diet	HIV+
15. Are you feeling depressed or extremely sad?	Yes	No	Heart Condition	Tuberculosis
16. Do you want to hurt yourself or someone else?	Yes	No	Hypertension	Persistent Sore Throat
17. Are you hearing voices? If yes, what are they saying?	Yes	No	Stomach Ulcer	Dental Problems
FEMALE INMATES ONLY			Cancer	Surgeries
18. Are you pregnant? LMP <u>NA</u>	Yes	No	Sickle Cell Anemia	Chest Pain
19. Do you use birth control? Type <u>NA</u>	Yes	No	Emphysema	Jaundice
20. Have you recently had a baby, miscarriage or abortion?	Yes	No	TB HISTORY	
COMMENTS: (Explain "Yes" Responses)			Ever treated with TB drugs? Yes <u>NA</u> No <u>NA</u>	Previous PPD test? Yes <u>NA</u> No <u>NA</u>
VITAL SIGNS			When <u>11/25/99</u>	Where <u>NA</u>
HT <u>63</u> WT <u>154</u> BP <u>100/60</u>			Chronic Cough/Blood	Fever
Pulse _____ Resp _____ Temp _____			Recent Weight Loss	Night Sweats
DISPOSITION			Recent Appetite Loss	Fatigue
Referrals <u>None</u>	Placement		MEDICATIONS	
Emergency Room (Pre-booking injury)	Infirmiry	Current Medications:		
Emergency Room (Acute Condition)	Detoxification	<u>NA</u>		
Physician	Setting			
Sick Call	Gen Population			
	Other			
ALLERGIES				
Medication Allergies: Yes <u>NA</u> No <u>NA</u>				
Type: _____				
Other Allergies: Yes <u>NA</u> No <u>NA</u>				
Type: <u>NA</u>				

I acknowledge that I have answered all questions truthfully and have been told the way to obtain health services and consent to routine care provided by facility healthcare professionals. I understand that any medications not picked up within 30 days of release will be destroyed.

Screened by: R. M. [Signature] Inmate Signature: Jeffery [Signature] Date: 10-23-97 Time: _____

Reviewed by: _____ Date: _____ Time: _____

REPORT OF HEALTH ASSESSMENT

D.O.B. 11/6/63 Age 29 S M W D ALLERGIES NKA
 Former Occupation _____ How Long _____

If any BLOOD RELATIVE has suffered any of the following-relationship of person

Date of last Immunization

☐ T.B. ☐ Gout
☐ Stroke ☐ Hypertension
☐ Migraine ☐ Heart Attack
☐ Mental Illness
☐ Epilepsy
☐ Diabetes
☐ Cancer

Typhoid
 Measles
 Rubella
 Diphtheria
 Pertussis
 Polio
 Tetanus 8/93

PREVIOUS OPERATIONS (Year) 1983- Dangle

Current Medications: N/A

MARK (c) for Current problems/check space and indicate age you had any of the following symptoms of disease

<input type="checkbox"/> Head injury	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Chronic Fatigue	<input type="checkbox"/> Eczema
<input type="checkbox"/> Decreased hearing	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Weight Loss	<input type="checkbox"/> Nervousness
<input type="checkbox"/> Ringing in ear(s)	<input type="checkbox"/> Pounding Heart	<input type="checkbox"/> Lb/time	<input type="checkbox"/> Depression
<input type="checkbox"/> Ear Infections (freq.)	<input type="checkbox"/> Swollen Ankles	<input type="checkbox"/> Anemia	<input checked="" type="checkbox"/> Use of Alcohol
<input type="checkbox"/> Dizzy spells	<input type="checkbox"/> Leg Pain When Walking	<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> oz. EtOH/week
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Varicose veins / Phlebitis	<input type="checkbox"/> Bruise Easily	<input checked="" type="checkbox"/> Smoke
<input type="checkbox"/> Double / blurred vision	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Cancer	<u>20</u> Cig. per day
<input type="checkbox"/> Eye pain	<input type="checkbox"/> Urinary Tract Infect.	<input type="checkbox"/> Tumor(s)	FEMALES:
<input type="checkbox"/> Eye Infections (freq.)	<input type="checkbox"/> Painful Urination	<input type="checkbox"/> Diabetes	<u>N/A</u> MENSTRUAL HISTORY
<input type="checkbox"/> Nose bleeds (freq.)	<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Thyroid trouble	<input type="checkbox"/> Age of Onset
<input type="checkbox"/> Sinus problems	<input type="checkbox"/> Overnight Urination	<input type="checkbox"/> Convulsions /	<input type="checkbox"/> Regular / Irregular
<input type="checkbox"/> Sore Throats (freq.)	<input type="checkbox"/> More than 2x / night	<input type="checkbox"/> Seizures	<input type="checkbox"/> FLOW:
<input type="checkbox"/> Hayfever / Allergies	<input type="checkbox"/> Lost Control of Urination	<input type="checkbox"/> Stroke	<input type="checkbox"/> Light
<input type="checkbox"/> Hoarseness-Prolonged	<input type="checkbox"/> Decrease in force of	<input type="checkbox"/> Tremor / Hands	<input type="checkbox"/> Moderate
<input type="checkbox"/> more than 1 month	<input type="checkbox"/> Urination	<input type="checkbox"/> Shaking	<input type="checkbox"/> Heavy
<input type="checkbox"/> Recent change in	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Numbness of	<input type="checkbox"/> Pain / Cramps with
<input type="checkbox"/> Bowel Habits	<input type="checkbox"/> Venereal Disease	<input type="checkbox"/> Extremities	<input type="checkbox"/> Menstrual Flow
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Gonorrhea	<input type="checkbox"/> Tingling in Extremities	<input type="checkbox"/> Length of Cycle
<input type="checkbox"/> Constipation	<input type="checkbox"/> Syphilis	<input checked="" type="checkbox"/> Headache(s)	<input type="checkbox"/> Number of Pregs.
<input type="checkbox"/> Bleeding / Tarry Stools	<input type="checkbox"/> Herpes	<input type="checkbox"/> Frequent	<input type="checkbox"/> Number Live Births
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Penis Discharge	<input type="checkbox"/> Memory Loss	<input type="checkbox"/> Number of Miscarriages
<input type="checkbox"/> Gallbladder Trouble	<input type="checkbox"/> Penis sores or growths	<input type="checkbox"/> Rheumatism	<input type="checkbox"/> Method of
<input type="checkbox"/> Jaundice / Hepatitis	<input type="checkbox"/> Tuberculosis	<input checked="" type="checkbox"/> Joint Problems	<input type="checkbox"/> Birth Control
<input type="checkbox"/> Hernia	<input type="checkbox"/> Pneumonia/Pleurisy	<input type="checkbox"/> Back Pain	<input type="checkbox"/> If pill,
<input type="checkbox"/> Surgery for Hernia	<input type="checkbox"/> Bronshitis	<input type="checkbox"/> Back Pain persistent	<input type="checkbox"/> name of pill
<input type="checkbox"/> Loss of Appetite-recent	<input type="checkbox"/> Cough-productive	<input checked="" type="checkbox"/> Bone fracture(s)	<input type="checkbox"/> Hot Flashes
<input type="checkbox"/> Difficulty Swallowing	<input type="checkbox"/> purulent (circle)	<input type="checkbox"/> Gout	<input type="checkbox"/> Menopause
<input type="checkbox"/> Indigestion / Heartburn	<input type="checkbox"/> Asthma / Wheezing	<input checked="" type="checkbox"/> Foot Pain	<input type="checkbox"/> Breast knots / masses
<input type="checkbox"/> Persistent Nausea	<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Pain in Breasts
<input type="checkbox"/> Vomiting	<input type="checkbox"/> On EXERTION	<input type="checkbox"/> Rashes	<input type="checkbox"/> Other Symptoms or Disease
<input type="checkbox"/> Vomiting Blood	<input type="checkbox"/> LYING FLAT	<input type="checkbox"/> Psoriasis	<u>Drug Abuse</u>
<input checked="" type="checkbox"/> Stomach Ulcers	<input type="checkbox"/> Night Sweats	<input type="checkbox"/> Cold / Numb	
<input checked="" type="checkbox"/> Abdominal Pain		<input type="checkbox"/> Feet	
<input type="checkbox"/> Chest Pain		<input type="checkbox"/> Hives	

COMMENTS:

CLASSIFICATION:

NAME:

Gould, Jeffery Todd

AIN

140977

w/m

Ht 6' 1" Wt 150 P N/A R _____ BP 120/74
 VISION: R 20/40 L 20/70 P.P.D. OMM
 COMMENTS: _____ Hct. 46.0
 GENERAL APPEARANCE: _____ HIV Acute
 PHYSICAL EXAMINATION: _____ VDRL RPR-MR

	NEG.	ABNOR.		NEG.	ABNOR.
Head/Scalp	<u> </u>	<u> </u>	Neck	<u> </u>	<u> </u>
Lids/Sclera/Conj	<u> </u>	<u> </u>	Shoulders	<u> </u>	<u> </u>
Eye Muscles	<u> </u>	<u> </u>	Touch Hands on	<u> </u>	<u> </u>
(E.O.M.'S)	<u> </u>	<u> </u>	Head	<u> </u>	<u> </u>
Pupils	<u> </u>	<u> </u>	Elbows	<u> </u>	<u> </u>
Fundi	<u> </u>	<u> </u>	Wrists	<u> </u>	<u> </u>
Ears	<u> </u>	<u> </u>	Fingers	<u> </u>	<u> </u>
Hearing T.F.	<u> </u>	<u> </u>	Back	<u> </u>	<u> </u>
Nose	<u> </u>	<u> </u>	Hips	<u> </u>	<u> </u>
Teeth/Gums	<u> </u>	<u> </u>	Knees	<u> </u>	<u> </u>
Pharynx	<u> </u>	<u> </u>	Ankles/Feet	<u> </u>	<u> </u>
Thyroid	<u> </u>	<u> </u>	Paralysis	<u> </u>	<u> </u>
Neck Glands	<u> </u>	<u> </u>	Gait	<u> </u>	<u> </u>
Carotid Bruits	<u> </u>	<u> </u>	Muscle Atrophy	<u> </u>	<u> </u>
Chest/Lungs	<u> </u>	<u> </u>	Tremor(s)	<u> </u>	<u> </u>
Heart (P.M.I.)	<u> </u>	<u> </u>	Squats on Toes	<u> </u>	<u> </u>

HEART:

Rhythm
 Rate
 Murmur
 Breast Nipples
 Axillary Nodes
 Abd. Masses
 Abd. Tenderness
 Liver/Spleen
 Abd. Bruits
 Hernia Rings
 Inguinal Nodes

TENDON REFLEXES:

Elbow
 Wrists
 Knees
 Achilles

FEMALES:

Vulva/Vagina
 Adnexae
 Cervix
 Uterus
 Utero/Rectocoele
 Pap Smear done

PULSES:

Femoral
 Dorsalis Pedis
 Varicose Veins
 Pedal Edema
 Skin Lesions

MALES:

Penis
 Penile Discharge
 Penile lesions
 Herpes
 Testes
 Scrotal Sac
 Prostate

Hemoccult
 Anal/Rectal

NAIL BEDS:

Fingers
 Toes

COMMENTS:

EXAMINER

9/20/93

DATE

IN CASE OF EMERGENCY NOTIFY: 378-5689

Name Bonnie Turner Address 4378 Pecan Road
Childersburg, Alabama
 Name Gould, LeVey Todd AIN 140977 w/m
 F-26B

DEPARTMENT OF CORRECTIONS

REPORT OF ANNUAL HEALTH ASSESSMENT

Blood Pressure <u>120/78</u>	Height <u>6'</u>	Pulse <u>NA</u>	Vision Rt. 20/ <u>25</u> Lt. 20/ <u>20</u>
Date of Tetanus Toxoid <u>1988</u>	Weight <u>166</u>	Temperature <u>98.4</u>	<input type="checkbox"/> With Glasses <input checked="" type="checkbox"/> Without Glasses

TESTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Nor- mal</td> <td style="width: 50%; text-align: center;">Abnor- mal</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Nor- mal	Abnor- mal									Urinalysis CBC VDRL When Treated GC When Treated	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Nor- mal</td> <td style="width: 50%; text-align: center;">Abnor- mal</td> </tr> <tr><td style="height: 20px; text-align: center;">DMM</td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Nor- mal	Abnor- mal	DMM				TB Skin Test/Treated <u>11/1/92</u> Pap Smear _____
Nor- mal	Abnor- mal																			
Nor- mal	Abnor- mal																			
DMM																				
Allergies <u>Haldol</u> <u>Neomycin oph. dent. +</u> <u>gHS</u>																				

QUESTIONS	YES	NO
1. Have you had a change in normal bowel movements?	_____	_____ <u>✓</u>
2. Do you have a productive cough?	_____	_____ <u>✓</u>
3. Do you have any problems with urination?	_____	_____ <u>✓</u>
4. Have you noticed any lumps or knots under your arms, in your groin, neck or breasts?	_____	_____ <u>✓</u>
5. Have you noticed any rash or lesion on your body?	_____	_____ <u>✓</u>
6. Have you had any vaginal discharges or change in menstrual cycle?	_____	_____
COMMENTS: _____ _____ _____		

If any of the above questions are answered yes or if inmate is over 50 years of age, the balance of this health assessment form is to be completed.

PHYSICAL	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Nor- mal</td> <td style="width: 50%; text-align: center;">Abnor- mal</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Nor- mal	Abnor- mal																	Head, Neck and Scalp Mouth and Throat Ears and Eardrums Eyes and Pupils Chest and Lungs Cardiovascular Abdomen, Incl. Hernia Anus and Rectum	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Nor- mal</td> <td style="width: 50%; text-align: center;">Abnor- mal</td> </tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> <tr><td style="height: 20px;"></td><td></td></tr> </table>	Nor- mal	Abnor- mal															Ext. Genitalia Skin Breast Upper Extremities Lower Extremities Spine/Musculoskeletal Pelvic Exam Pap Smear
Nor- mal	Abnor- mal																																					
Nor- mal	Abnor- mal																																					
Remarks _____ _____ _____																																						

INFORMATION	Nurse's Signature <u>C. Morley LCN</u>	Date <u>10/25/92</u>	Physician's Signature <u>[Signature]</u>	Date <u>10/26/92</u>
Emergency Addressee <u>Bonnie Turner 4378</u>		Address <u>Pican Rd. Childersburg AL 3504</u>		Telephone <u>5689 378 68</u>
Home Address <u>Same</u>		Telephone _____		
County <u>Talladega</u>		Sentence <u>12yrs</u>	Spouse/next of kin _____	
Alias <u>None</u>		D. O. B. <u>11/6/63</u>	Place of Birth <u>Talladega</u>	Relationship <u>Mother</u>
Inmate Name (Last, First, Middle) <u>Gould, Jeffery Todd</u>		AIS# <u>140977</u>	Age <u>29</u>	R/S <u>WM</u>
		Institution <u>REAF</u>		

CORRECTIONAL HEALTH CARE

REPORT OF HEALTH ASSESSMENT

☐ Review of Screening Form

☒ Initial/New Man
☐ Bi-annual
☐ _____ other

Date

Health Unit

6-1-90

Kilby

Blood Pressure <u>100/78</u>	Height <u>6'</u>	Pulse <u>NA</u>	Vision Rt. 20/ <u>30</u> Lt. 20/ <u>30</u>
Date of Tetanus Toxoid <u>1988</u>	Weight <u>152</u>	Temperature <u>NA</u>	<input type="checkbox"/> With Glasses <input checked="" type="checkbox"/> Without Glasses

TESTS

Nor- mal	Abnor- mal	Nor- mal	Abnor- mal	Test
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Urinalysis
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CBC
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VDRL When Treated _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	GC When Treated _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TB Skin Test When Treated _____
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sickle Cell
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HIV
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chest X-Ray

Allergies

Halidol

Neomycin Ophth aint + gts

HISTORY

YES	WHO	F = Family S = Self	Test	YES	WHO	F = Family S = Self	Test	YES	WHO	F = Family S = Self	Test
			Scarlet Fever	<input checked="" type="checkbox"/>			High/Low Blood Pressure	<input checked="" type="checkbox"/>			Use Tobacco <u>1 pph</u>
			Diphtheria				Stomach Ulcers				Mental Illness
			Rheumatic Fever				Gallbladder/Gallstones				Attempted Suicide
<input checked="" type="checkbox"/>		F/S	Childhood Diseases	<input checked="" type="checkbox"/>		F	Hepatitis - Father				Presently on any Psychotropic Meds.
<input checked="" type="checkbox"/>		F	Wear Glasses				Heart Trouble				Illness/Injury Un-noted
<input checked="" type="checkbox"/>		S	Eye, Ear, Nose or Throat Problems				Rupture-Hernia				Do you bleed excessively after injury or Tooth Extraction?
			Sinusitis/Hay Fever				Appendicitis				Any Operations? When?
			Diabetes				Hemorrhoids/Rectal	<input checked="" type="checkbox"/>		S	<u>28 ankle</u>
			Dizziness/Fainting Spells	<input checked="" type="checkbox"/>		S	Kidney Stones (Blood/Urine)				
			Sickle Cell/Trait	<input checked="" type="checkbox"/>		F	Arthritis/Rheumatism				
			Gunshot Wounds				Bone/Joint Deformity				
			Stutters				Epilepsy/Fits				
			Back Problems				Bed Wetting				
			Veneral Disease	<input checked="" type="checkbox"/>		S	Drug Addiction				
			Tuberculosis (Live with anyone)	<input checked="" type="checkbox"/>		S	Cocaine				
				<input checked="" type="checkbox"/>		S	Alcoholism				
							Homosexual Tendencies				

Female Inmates:

Pregnancies 1 # Miscarriages 1

Age of Menses 1 Last Menses 1

PREVIOUS HOSPITALIZATION (Secure Inmate Authorization For Medical Record Information)

Date	Hospital	Date	Hospital	Date	Hospital
<u>1983</u>	<u>Cooper Green Hospital</u>				
	<u>Birmingham, AL</u>				

PHYSICAL

Nor- mal	Abnor- mal	Nor- mal	Abnor- mal	Test	Remarks
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head, Neck and Scalp	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mouth and Throat	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ears and Eardrums	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Eyes and Pupils	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Chest and Lungs	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Abdomen, Incl. Hernia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Anus and Rectum	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ext. Genitalia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Skin	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Breast	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Upper Extremities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lower Extremities	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Spine/Musculoskeletal	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pelvic Exam	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pap Smear	

Classification

Nurse's Signature <u>Wimberly Mason</u>	Date <u>6-1-90</u>	Physician's Signature <u>[Signature]</u>	Date <u>6-1-90</u>
---	--------------------	--	--------------------

INFORMATION

Emergency Addressee <u>Bonnie Hill</u>	Address <u>303 8th N.E. Childersburg AL 35044</u>	Telephone # <u>378-3175</u>
Home Address _____		Telephone # _____
County <u>Talladega</u>	Sentence <u>12 yrs.</u>	Spouse/Next-of Kin _____
Alias <u>None</u>	Place of Birth <u>Talladega Co.</u>	Relationship <u>Mother</u>
Inmate Name (Last, First, Middle) <u>Gould, Jeffery Todd</u>	Date of Birth <u>11/6/63</u>	Social Security # <u>417-04-5135</u>
	Age <u>26</u>	AIS # <u>140977</u>
	R/S <u>WM</u>	

***** MMPI-2 ADULT INTERPRETIVE SYSTEM *****

developed by

Roger L. Greene, Ph.D.
Robert C. Brown, Jr., Ph.D.
and PAR Staff

--- CLIENT INFORMATION ---

Client : Gould, Jeffery Age : 33
Sex : Male Marital Status :
Education : Date of Birth : 11/06/63
File Name : 140944

Prepared for: DEPARTMENT OF CORRECTIONS on 10/24/97

The interpretive information contained in this report should be viewed as only one source of hypotheses about the individual being evaluated. No decisions should be based solely on the information contained in this report. This material should be integrated with all other sources of information in reaching professional decisions about this individual. This report is confidential and intended for use by qualified professionals only. It should not be released to the individual being evaluated.

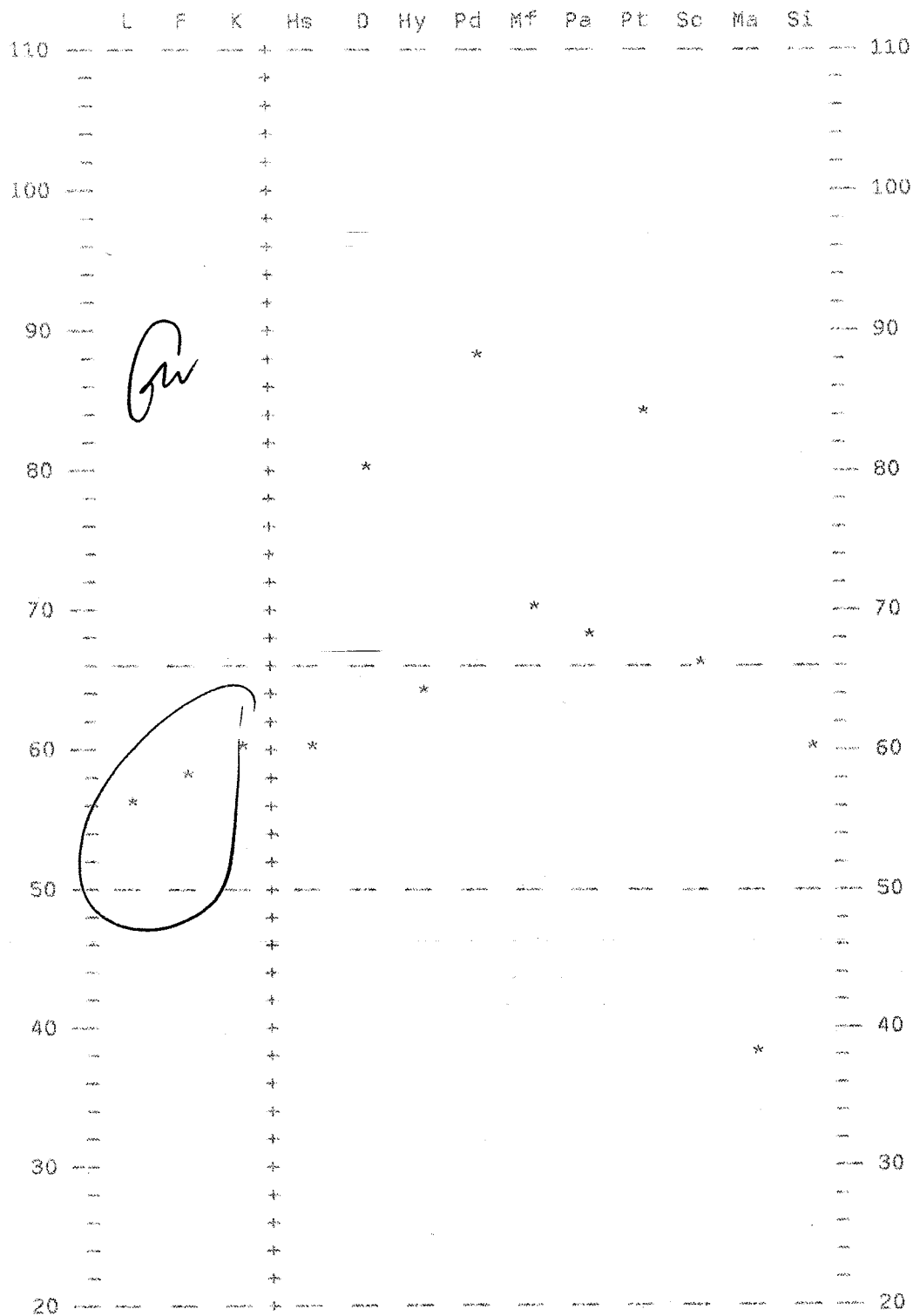
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MMPI-2 INTERPRETIVE REPORT
PREPARED FOR: DEPARTMENT OF CORRECTIONS

PAGE 2

--- MMPI-2 PROFILE FOR VALIDITY AND CLINICAL SCALES ---



T-Score
Unanswered (?) Items = 0

Welsh Code: 472"5'6830-1/9# K-F/L/

MMPI-2 INTERPRETIVE REPORT
 PREPARED FOR: DEPARTMENT OF CORRECTIONS

PAGE 3

— PROFILE MATCHES AND SCORES —

Scale	Client Profile	Highest Scale Codetype	Best Fit Codetype
Codetype match:		4-7/7-4	4-7/7-4 (2)
Coefficient of Fit:		.83	.88
Scores:	? (raw)	0	
	L	56	48
	F	58	65
	K	60	46
	Hs (1)	59	55
	D (2)	80	67
	Hy (3)	64	58
	Pd (4)	87	80
	Mf (5)	70	49
	Pa (6)	68	62
	Pt (7)	83	76
	Sc (8)	65	66
	Ma (9)	38	57
	Si (0)	60	57
Mean Clinical Elevation:	68	65	60
Ave age-males:		30	32
Ave age-females:		31	34
% of male codetypes:		1.5%	.9%
% of female codetypes:		.7%	.3%
% of males within codetype:		81.6%	86.2%
% of females within codetype:		18.4%	13.8%

Configural clinical scale interpretation is provided in the report for the following codetype(s):

4-7/7-4
 4-7/7-4 (2)

MMPI-2 INTERPRETIVE REPORT
PREPARED FOR: DEPARTMENT OF CORRECTIONS

PAGE 4

--- CONFIGURAL VALIDITY SCALE INTERPRETATION ---

There is no information available for this configuration of scores for scales L, F, and K. Interpretation for each of the individual validity scales is presented below.

--- VALIDITY SCALES ---

? (raw) = 0

Scores in this range reflect a relatively small number of unanswered items, which in and of itself should not have an impact on the validity of the profile.

L T = 56

L scores in this range are usually obtained by individuals who generally respond frankly and openly to the test items and are willing to admit to minor faults.

F T = 58

F scores in this range usually indicate that the individual responded to the test items as do most individuals who are relatively free of stress.

K T = 60

Scores in this range are typically obtained by individuals who tend to be defensive and unwilling to acknowledge psychological problems and distress. They are prone to minimize and disregard problems with themselves and their lives. Self-insight and self-understanding are usually lacking. They are very concerned about how they are perceived by others and typically view emotional problems as weaknesses.

MMPI-2 INTERPRETIVE REPORT
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PAGE 5

— CONFIGURAL CLINICAL SCALE INTERPRETATION —

4-7/7-4 Codetype (High Match)

Clinical Presentation:

This codetype is much more frequent in men than women. These individuals often exhibit a cyclical pattern of acting-out followed by excessive concern and remorse over their behavior. However, their remorse does not inhibit the repetition of this behavior and further episodes of acting-out. These individuals are typically immature, egocentric, moody, and insecure. Sexual acting-out and substance abuse are likely.

These individuals require almost constant reassurance and support and are primarily interested in self-gratification. They are not particularly sensitive or responsive to the needs of others, except after the fact. Dependency conflicts are frequent.

These individuals very often have a very poor self-concept. They are self-pitying and lack self-confidence. They often require constant reassurance of their own self-worth.

The interpersonal relationships of these individuals are marked by conflict. They are often disrupted by episodic acting-out and by the excessive demands they place on others. They are typically insensitive to the needs of others.

Treatment:

The prognosis is generally poor for short-term psychotherapy and guarded for long-term, intensive psychotherapy. Their remorse and guilt over acting-out may give the impression of more insight and motivation to change than actually are present.

Possible Diagnoses:

Axis I - Rule Out Psychoactive Substance Abuse Disorders

Axis II - Rule Out Borderline Personality Disorder
Rule Out Narcissistic Personality Disorder
Rule Out Passive Aggressive Personality Disorder

MMPI-2 INTERPRETIVE REPORT
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PAGE 6

4-7/7-4 (2) Codetype (Best Fit)

Clinical Presentation:

This codetype is much more frequent in men than women. These individuals often exhibit a cyclical pattern of acting-out followed by excessive concern and remorse over their behavior. However, their remorse does not inhibit the repetition of this behavior and further episodes of acting-out. These individuals are typically immature, egocentric, moody, and insecure. Sexual acting-out and substance abuse are likely. They are in good physical health.

These individuals require almost constant reassurance and support and are primarily interested in self-gratification. They are not particularly sensitive or responsive to the needs of others, except after the fact. Dependency conflicts are frequent.

These individuals very often have a very poor self-concept. They are self-pitying and lack self-confidence. They often require constant reassurance of their own self-worth.

The interpersonal relationships of these individuals are marked by conflict. They are often disrupted by episodic acting-out and by the excessive demands they place on others. They are typically insensitive to the needs of others.

Treatment:

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Axis I - Rule Out Psychoactive Substance Abuse Disorders

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Rule Out Narcissistic Personality Disorder
Rule Out Passive Aggressive Personality Disorder

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--- CLINICAL SCALES ---

Hs (1) T = 59

Scores in the lower end of this range (T scores = 58-61) are typical for individuals with valid physical complaints or who are physically handicapped. Scores in the upper part of this range (T > 60) indicate the possibility of exaggeration of physical problems even with individuals who are physically ill.

D (2) T = 80

Scores in this range are typical for individuals who feel depressed, unhappy, sad, and pessimistic about the future. They often feel guilty and are self-critical. Suicidal ideation and potential should be ruled out. These individuals often feel inadequate, helpless, and lacking in self-confidence. Social withdrawal, poor concentration, appetite and sleep disturbances, and low frustration tolerance are possible. Increasingly higher scores are usually associated with an increase in the number and severity of depressive symptoms.

Hy (3) T = 64

Scores in this range are obtained by individuals who often prefer to look on the optimistic side of life and avoid thinking about or confronting unpleasant issues. They are often somewhat exhibitionistic, extroverted, and superficial in interpersonal relationships.

Pd (4) T = 87

Scores in this range are typically obtained by individuals who are characterized as angry, belligerent, rebellious, resentful of rules and regulations, and hostile toward authority figures. These individuals are likely to be impulsive, unreliable, egocentric, and irresponsible. They often have little regard for social standards. They often show poor judgment and seem to have difficulty planning ahead and benefiting from their previous experiences. They make good first impressions but long term relationships tend to be rather superficial and unsatisfying. Analysis of the Content Scales and/or the Harris-Lingoes Subscales may facilitate interpretation of scores within this range.

Mf (5) T = 70

Scores in this range are typical for males described as passive, inner-directed, and having aesthetic and artistic interests. They generally do not identify with the traditional masculine role.

MMPI-2 INTERPRETIVE REPORT
PREPARED FOR: DEPARTMENT OF CORRECTIONS

PAGE 8

Pa (6) T = 68

Scores in this range are frequently obtained by 1) individuals who are suspicious, hostile, and feel as if they are being mistreated, or by 2) individuals who are hypersensitive to the reactions of others. The Dominance (Do) Scale is helpful in distinguishing between these groups of individuals -- high Do scores indicating the first group and low Do scores indicating the second group. Individuals in both groups will often blame others for their difficulties. The first group of individuals may manifest psychotic behavior and a thought disorder may be readily apparent. Ideas of reference and delusions of persecution also may be present.

Pt (7) T = 83

Scores in this range are typically obtained by individuals who are worried, anxious, tense, and experiencing emotional discomfort. They may experience irrational fears and typically ruminate about their problems. Disabling guilt feelings may be present. Agitation may develop. These individuals worry excessively and may have problems in concentration. Obsessions and compulsions are common.

Sc (8) T = 65

Scores in this range suggest feelings of alienation, social withdrawal, difficulty in meeting responsibilities, and a general dissatisfaction with one's circumstances.

Ma (9) T = 38

Scores in this range suggest a low energy and activity level. This may reflect fatigue or depression, especially if the scores are extremely low. Scores near a T-score of 45 are typical for older individuals. Individuals who obtain scores in this range are often described as lethargic, listless and apathetic. In addition, some individuals scoring in this range are seen as conventional, practical, responsible, and sensitive.

Si (0) T = 60

Scores in this range usually are obtained by individuals who prefer to be alone or with a small group of friends. They are likely to be reserved in new social situations.

MMPI-2 INTERPRETIVE REPORT
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--- ADDITIONAL SCALES ---

No additional scales were selected for interpretation by
the user.

END OF REPORT

ID=00140977 DATE=19930922 SEX = M GOULD, JEFFERY TULL IN = 17

	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAM:	7	5	22	14	25	22	27	31	11	30	24	14	25
T:	60	55	68	57	70	60	69	70	59	64	53	44	50

WELSH CODE: * 251473-6180/9:=

MULTIPLY CLASSED:

GROUP= E LEVEL= MED TYPE= (02)

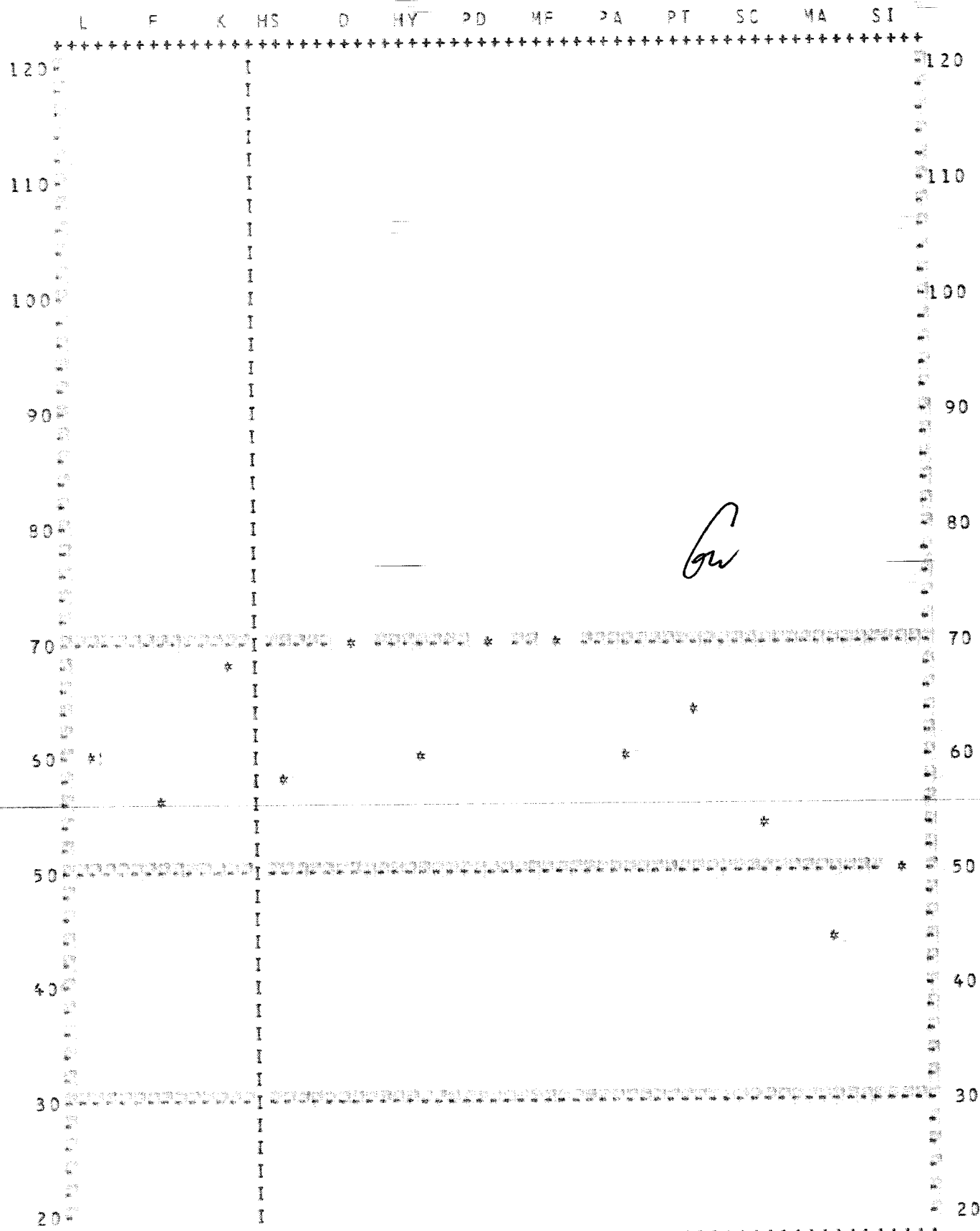
THIS IS ONE OF THE THREE BEST INMATE GROUPS IN ADJUSTMENT AND INTERPERSONAL RELATIONSHIPS WITH PEERS AND AUTHORITIES. THEY ARE THE LEAST AGGRESSIVE, LEAST DEVIANT, AND BEST CONTROLLED: HOWEVER, PLACEMENT IN THIS GROUP SHOULD BE CHECKED AGAINST OTHER AVAILABLE DATA SINCE THERE IS SOME TENDENCY TO BE DEFENSIVE AND TO GIVE RESPONSES THAT PLACE THEMSELVES IN THE BEST POSSIBLE LIGHT. ALTHOUGH INTELLIGENCE LEVEL MAY BE HIGHER THAN OTHER GROUPS THEY TEND TO BE UNDERACHIEVERS. RATE OF DISCIPLINARY INFRACTIONS IS LOW. PERFORMANCE IN VOCATIONAL TRAINING OR EDUCATION PROGRAMS IS USUALLY BETTER THAN WORK PERFORMANCE RATINGS. RECIDIVISM RATE IS LOWER THAN ANY OTHER INMATE GROUP. TREATMENT APPROACHES INCLUDE SEPARATION FROM MORE AGGRESSIVE GROUPS, AVAILABILITY OF EDUCATIONAL AND VOCATIONAL TRAINING PROGRAMS AND THERAPY DESIGNED TO PROMOTE SELF-INSIGHT. THEY DO WELL IN RESTITUTION PROGRAMS WHERE SENTENCING DATA PERMIT AND CAN ALSO PROFIT FROM BRIEF INCARCERATION TO CALL ATTENTION TO THE SERIOUSNESS OF THEIR BEHAVIOR FOLLOWED BY SUPERVISED COMMUNITY PLACEMENT.

GROUP= I LEVEL= MED TYPE= (01)

THIS IS THE BEST ADJUSTED OF ALL THE INMATE GROUPS WITH FEWEST PROBLEMS IN INSTITUTIONAL ADJUSTMENT AND INTERPERSONAL RELATIONSHIPS WITH BOTH PEERS AND AUTHORITIES. CRIMINAL RECORDS ARE USUALLY LESS SERIOUS THAN THOSE OF OTHER INMATE GROUPS AND THERE IS LESS SIGNIFICANT DRUG ABUSE. MORE OF THESE INMATES HAVE USUALLY BEEN INCARCERATED FOR PROPERTY CRIMES. THEY ARE LEAST LIKELY TO RECEIVE DISCIPLINARY WRITE-UPS AND RECIDIVISM RATES ARE TYPICALLY LOW. THERE IS, HOWEVER, HIGH ENERGY LEVEL AND THEY ARE APT TO BE IMPULSIVE. TREATMENT APPROACHES SHOULD BE DESIGNED TO TAKE ADVANTAGE OF THE FACT THAT THEY ARE THE MOST LIKELY GROUP TO SUCCEED IN COMMUNITY PLACEMENT OR RESTITUTION CENTER TYPE PLACEMENT WHERE SENTENCING DATA PERMIT. THEY RESPOND WELL TO EDUCATIONAL AND VOCATIONAL TRAINING PROGRAMS AIMED AT DEVELOPING LEGITIMATE AVERAGES OF FINANCIAL SUPPORT. ALTHOUGH THERAPEUTIC INTERVENTION IS NOT USUALLY A HIGH PRIORITY, REALITY THERAPY CAN BE EFFECTIVE.

00140977 MALE AGE 29 FORM B 19930922 GOULD, JEFFERY JDD INST = 17

M M P I P R O F I L E



	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW	7	5	22	14	25	22	27	31	11	30	24	14	25
T	60	55	68	57	70	60	69	70	59	64	53	44	50

00140977 MALE AGE 29 FORM 6 19930922 GOULD, JEFFERY L DOD INST = 17

P R O F I L E I N T E R P R E T A T I O N

THE FOLLOWING MMPI INTERPRETATION SHOULD BE VIEWED AS A SERIES OF HYPOTHESES WHICH MAY REQUIRE FURTHER INVESTIGATION. THIS REPORT IS CONFIDENTIAL AND SHOULD NOT BE SHARED WITH THE PATIENT.

THIS IS A VALID PROFILE. THIS PATIENT RESPONDED TO THE TEST ITEMS IN A DEFENSIVE FASHION. SIMILAR INDIVIDUALS TEND TO PRESENT THEMSELVES IN A GOOD LIGHT AND MINIMIZE OR OVERLOOK SOCIALLY ACCEPTABLE LIMITATIONS. THOUGH THIS CONFIGURATION SUGGESTS GOOD SOCIAL SKILLS AND EGO FUNCTIONING, ESPECIALLY IN WELL-EDUCATED INDIVIDUALS, IT IS LIKELY TO BE PREDICTIVE OF RESISTANCE TO TREATMENT FOR THOSE INDIVIDUALS WHO ARE REFERRED OR ONLY SEMI-VOLUNTARILY REQUEST TREATMENT.

INDIVIDUALS WHO OBTAIN SIMILAR PROFILES ARE OFTEN SEEN AS SIGNIFICANTLY DEPRESSED, WORRIED AND PESSIMISTIC. FEELINGS OF INADEQUACY AND SELF-DEPRECIATION ARE LIKELY PRESENT. THESE PEOPLE INTERNALIZE STRESS AND USUALLY WITHDRAW WHEN PUT UNDER PRESSURE. AN ACUTE REACTIVE DEPRESSION IS SUGGESTED. IF DEPRESSION IS DENIED BY THIS PATIENT, ITS EFFECTS SHOULD STILL BE CAREFULLY EVALUATED. RESPONSE TO CHEMOTHERAPY, PSYCHOTHERAPY AND ENVIRONMENTAL MANIPULATION IS OFTEN GOOD.

SUCH INDIVIDUALS ARE OFTEN MILDLY INDEPENDENT, NON-CONFORMING AND MAY HAVE DIFFICULTY EXPRESSING HOSTILITY IN A MODULATED FASHION. THEY ARE OFTEN ENERGETIC AND ACTIVE, BUT MAY HAVE POOR BEHAVIORAL CONTROLS AND A HISTORY OF MINOR RUN-INS WITH SOCIETAL LIMITS.

SUCH INDIVIDUALS ARE OFTEN SEEN AS ORDERLY, SELF-CRITICAL AND RIGID. THEY TEND TO WORRY OVER MINOR PROBLEMS AND OFTEN EVIDENCE ANXIETY, TENSION AND INDECISION. SIMILAR PSYCHIATRIC PATIENTS EVIDENCE SOME INEFFICIENCY IN LIVING. RATIONALIZATION AND INTELLECTUALIZATION ARE COMMON DEFENSE MECHANISMS.

THIS INDIVIDUAL CURRENTLY DISPLAYS A LOW ENERGY AND ACTIVITY LEVEL, AND MAY BE DIFFICULT TO MOTIVATE. APATHY, INERTIA AND UNDERLYING DEPRESSION MAY BE PRESENT.

HE IS LIKELY TO BE IMAGINATIVE, SENSITIVE AND INTROSPECTIVE, AND HAVE A WIDE RANGE OF INTERESTS. HIS INTEREST PATTERN SUGGESTS NON-IDENTIFICATION WITH THE SOCIALLY STEREOTYPED MASCULINE ROLE AND A PASSIVE AND SUBMISSIVE ORIENTATION. IN MEN WITH BROAD EDUCATIONAL AND CULTURAL BACKGROUNDS, THESE FINDINGS ARE COMMON AND ARE USUALLY OF LITTLE CLINICAL CONCERN.

DIAGNOSTIC AND THERAPEUTIC INDICATIONS

REACTIVE DEPRESSION IS SUGGESTED.

00140977 MALE AGE 29 FORM B 19930922 GOULD, JEFFERY LDD INST = 17

B A S I C A N D S U P P L E M E N T A L S C A L E S

	QU	L	F	K	MS	D	HY	PD	MF	PA	PT	SC	MA	SI
R	3	7	5	22	14	25	22	27	31	11	30	24	14	25
T	50	60	55	68	57	70	60	69	70	59	64	53	44	50

	D-D	D-S	HY-D	HY-S	PD-D	PD-S	PA-D	PA-S	MA-D	MA-S
R	10	15	2	20	6	12	2	9	1	9
T	55	67	44	66	50	62	48	63	33	49

	A	R	ES	DY	CA	LB	DH	HE	AL	CR	PZ	DR	SM	AR
R	6	25	42	21	3	13	16	23	25	57	35	24	25	22
T	42	70	46	52	38	66	53	48	55	62	63	52	60	40

	D1	D2	D3	D4	D5	HY1	HY2	HY3	HY4	HY5	PD1	PD2	PD3	PD4A
R	11	8	2	2	2	4	9	1	1	5	2	3	7	5
T	62	65	42	50	49	53	57	45	43	68	51	43	47	49

	PD4B	PA1	PA2	PA3	SC1A	SC1B	SC2A	SC2B	SC2C	SC3	MA1	MA2	MA3	MA4
R	5	1	1	6	0	0	0	0	0	1	0	4	5	0
T	54	46	42	61	35	30	41	38	40	44	37	52	59	34

	SOC	DEP	FEM	MOR	REL	AUT	PSY	JRG	FAM	HDS	PHD	HYP	HEA
R	9	3	19	9	11	5	1	3	1	5	8	9	4
T	51	42	77	52	65	39	38	44	38	41	56	44	48

FRK = 17 AI = 79 IR = 1.10

00140977 MALE AGE 29 FORM 5 19930922 GOULD, JEFFERY L DD INST = 17

C R I T I C A L I T E M S

THESE ITEMS WERE ANSWERED IN THE INDICATED DIRECTION. THOUGH TOO MUCH SIGNIFICANCE SHOULD NOT BE PLACED ON ANY INDIVIDUAL TEST RESPONSE, THESE RESPONSES MAY SUGGEST AREAS FOR FURTHER INVESTIGATION.

*** DISTRESS AND DEPRESSION ***

I AM EASILY AWAKENED BY NOISE. (T)
I AM CERTAINLY LACKING IN SELF CONFIDENCE. (T)
I CERTAINLY FEEL USELESS AT TIMES. (T)
MOST NIGHTS I GO TO SLEEP WITHOUT THOUGHTS OR IDEAS BOTHERING ME. (F)

*** SEXUAL DIFFICULTIES ***

MY SEX LIFE IS SATISFACTORY. (F)

*** AUTHORITY PROBLEMS ***

I HAVE NEVER BEEN IN TROUBLE WITH THE LAW. (F)

*** FAMILY DISCORD ***

MY RELATIVES ARE NEARLY ALL IN SYMPATHY WITH ME. (F)

00140977 MALE AGE 29 FORM 6 19930922 GJULD, JEFFERY LODD INST = 17

I T E M R E S P O N S E S

1 T	2 T	3 T	4 F	5 T	6 F	7 T	8 T	9 T	10 F
11 F	12 T	13 F	14 F	15 F	16 F	17 T	18 T	19 F	20 F
21 F	22 F	23 F	24 F	25 T	26 F	27 F	28 F	29 F	30 F
31 F	32 F	33 F	34 F	35 F	36 F	37 T	38 F	39 F	40 F
41 F	42 F	43 F	44 F	45 T	46 T	47 F	48 F	49 F	50 F
51 T	52 F	53 F	54 T	55 T	56 F	57 T	58 T	59 F	60 T
61 T	62 F	63 T	64 F	65 T	66 F	67 F	68 T	69 F	70 T
71 F	72 F	73 F	74 F	75 F	76 F	77 T	78 T	79 T	80 T
81 T	82 T	83 T	84 T	85 F	86 T	87 T	88 T	89 F	90 F
91 T	92 T	93 T	94 F	95 T	96 T	97 F	98 T	99 F	100 F
101 T	102 T	103 T	104 F	105 F	106 F	107 T	108 F	109 F	110 F
111 F	112 F	113 T	114 F	115 T	116 F	117 F	118 F	119 T	120 T
121 F	122 T	123 F	124 F	125 F	126 F	127 T	128 F	129 T	130 F
131 F	132 T	133 T	134 F	135 T	136	137 T	138 T	139 F	140 T
141 F	142 T	143 F	144 F	145 F	146 F	147 F	148 F	149 T	150 T
151 F	152 F	153 T	154 T	155 T	156 F	157 F	158 F	159 F	160 F
161 F	162 F	163 T	164 T	165 T	166 T	167 F	168 F	169 T	170 F
171 F	172 T	173 T	174 T	175 T	176 T	177 T	178 T	179 F	180 F
181 T	182 F	183 T	184 F	185 T	186 F	187 T	188 T	189 F	190 T
191 F	192 T	193 T	194 F	195 F	196 T	197 F	198 T	199 F	200 F
201 T	202 F	203 T	204 T	205 F	206 F	207 F	208 F	209 F	210 F
211 F	212 F	213 F	214 T	215 F	216 F	217 T	218 F	219 T	220 T
221 T	222 F	223 F	224 T	225 T	226 F	227 F	228 T	229 T	230 T
231 F	232 F	233 F	234 F	235 T	236 F	237 F	238 F	239 F	240 F
241 F	242 T	243 T	244 F	245 F	246 F	247 F	248 F	249 T	250 F
251 F	252 F	253 T	254 F	255 F	256 F	257 T	258 T	259 F	260 F
261 T	262 T	263 F	264 F	265 F	266 F	267 F	268 T	269 F	270 F
271 F	272 F	273 F	274 F	275 F	276 T	277 F	278 F	279 F	280 F
281 F	282 F	283 F	284 F	285 T	286 F	287 F	288 F	289 T	290 F
291 F	292 F	293 F	294 F	295 T	296 F	297 F	298 F	299 F	300 T
301 F	302 T	303 F	304 T	305 F	306 T	307 F	308 F	309 T	310 F
311 F	312 F	313 F	314 F	315 F	316 T	317 F	318 T	319 F	320 F
321 T	322 T	323 F	324 F	325 F	326 F	327 F	328 F	329 T	330 T
331 F	332 F	333 F	334 F	335 F	336 F	337 F	338 F	339 F	340 F
341 F	342 F	343 F	344 F	345 F	346 F	347 T	348 F	349 F	350 F
351 F	352 F	353 T	354 F	355 F	356 F	357 F	358 F	359 F	360 F
361 F	362 F	363 F	364 F	365 F	366 F	367 F	368 T	369 F	370 F
371 T	372 F	373 T	374 F	375 F	376 T	377 F	378 F	379 T	380 F
381 F	382 F	383 F	384 F	385 F	386 F	387 F	388 F	389 F	390 F
391 F	392 F	393 F	394 F	395 F	396 F	397 T	398 F	399 T	400 F
401 F	402 F	403 F	404 F	405 T	406 F	407 T	408 T	409 T	410 F
411 F	412 T	413 F	414 F	415 F	416 F	417 F	418 F	419 F	420 F
421 F	422 F	423 T	424 T	425 F	426 F	427 F	428 F	429 F	430 T
431 T	432 F	433 F	434 F	435 T	436 F	437 T	438 T	439 F	440 T
441 T	442 T	443 T	444 T	445 T	446 T	447 F	448 F	449 T	450 T
451 F	452 F	453 T	454 T	455 F	456 F	457 F	458 F	459 F	460 T
461 F	462 F	463 F	464 T	465 T	466 F	467 F	468 F	469 F	470 F
471 F	472 F	473 F	474 T	475 T	476 F	477 F	478 T	479 T	480 F
481 T	482 T	483 T	484 F	485 F	486 T	487 F	488 T	489	490 T
491 F	492 F	493 T	494	495 T	496 F	497 T	498 T	499 F	500 T
501 F	502 F	503 T	504 F	505 F	506 T	507 F	508 T	509 T	510 F
511 F	512 F	513 F	514 F	515 T	516 F	517 F	518 F	519 F	520 F
521 T	522 T	523 T	524 T	525 T	526 F	527 T	528 T	529 F	530 F
531 T	532 F	533 T	534 F	535 F	536 F	537 F	538 F	539 F	540 T
541 F	542 T	543 F	544 F	545 F	546 F	547 T	548 F	549 F	550 T
551 F	552 T	553 F	554 T	555 F	556 T	557 T	558 F	559 F	560 F
561 T	562 T	563 F	564 T	565 F	566 T				

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: GOULD, JEFFERY AIS #: 140977 A R/S W/M
 Date: 09 / 28 / 93 DOB: 11 / 06 / 63 AGE: 29
 Beta II 104 WAIS 7.8 Last School 09
 MMPI Welsh Code 25'473-6180/9:= WRAT-RL EASY 02; ITEM 01
 Megargee Type

General Appearance OLD PSI AND CURRENT REPORT OF P.V. IN THE FILE

- *** a. Neat and generally appropriate _____ c. Flat or avoiding interaction
 _____ b. Poorly groomed _____ d. Sad or worried
 _____ e. Other _____

I. Interpersonal Functioning

- _____ a. Normal-good relationships likely _____ d. Lacks skill or confidence
 _____ b. Withdrawn / apparent loner _____ e. Probably difficult to get along with
 _____ c. Likely to ignore rights / needs *Other (Specify) _____ 1. _____ 2.
 _____ 3. _____ 4. _____ 5. *** SUPERFICIALLY POLITE
 _____ 6. (See Copy)

II. Personality

- _____ a. Healthy Entered terminal _____ d. Explosive
 *** _____ b. Antisocial 9/29 By py _____ e. Dependent
 _____ c. Paranoid _____ f. Passive-Aggressive
 Other (Specify): _____ 1. Schizoid _____ 2. Schizotypal _____ 3. Histrionic _____ 4. Narcissistic
 _____ 5. Borderline _____ 6. Avoidant _____ 7. Compulsive _____ 8. Atypical/mixed

** 9. See Copy (Write in your wording) WITH POLYSUBSTANCE ABUSE AND MARIJUANA DEPENDENCE

III. Substance Abuse

- _____ a. Alcohol addiction / abuse history _____
 _____ b. Drug addiction / abuse history HE SEEMS TO BE ADMITTING TO LESS SERIOUS DRUG
ABUSE TODAY THAN HE DID IN 1990 . HE NOW ADMITS

TO ABUSING A VARIETY OF DRUGS WITH HIS DRUG OF CHOICE BEING MARIJUANA. CLAIMS HE NEVER
PURCHASED POT AND HIS FRIENDS ALWAYS PROVIDED IT TO HIM. HE HAS HAD TWO PRIOR TREATMENT
PLACEMENTS(CARADALE , WHICH HE DID NOT COMPLETE AND VENTRESS). HE WAS RELEASED FROM THE
DOC IN NOV. 92 AND ABOUT THREE MONTHS LATER HE WAS USING MARIJUANA. HE VIOLATED WITH
A NEW POSS. CASE AND DUI.

N-259

White to Central Records File
 Yellow to Institutional File
 Pink to Hospital Records

*See manual for selections and numbers for "other"

Psychological Interview / Data Entry Form
Page Two

- _____ c. Current use _____

_____ d. Current addiction _____

*Other _____ 1. _____ 2. _____ 3. *** 4. _____ 5. _____ 6. _____ 7. _____ 8.
_____ 9. (See Copy) _____

IV. Emotional Status

- _____ a. No significant problems
***b. Depressed MILD ... HAS BEEN ON MEDS . FOR IN THE PAST.

_____ c. Anxious or stressful _____

_____ d. Angry or resentful _____

_____ e. Confusion or psychotic symptoms _____

_____ f. Mood disturbances _____

_____ g. Sexual maladjustment _____

_____ h. Paranoid ideation _____

_____ i. Sleep / appetite disorder _____

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. *** 6. _____ 7. _____ 8.
_____ 9. (See Copy) _____

V. Mental Deficiency

- _____ a. Mild
_____ b. Moderate
_____ c. Severe
_____ d. Borderline
_____ e. Organic impairment suspected
_____ f. Memory deficit

Remarks: _____

ID=00140977 DATE=19910514 SEX = M GOULD, JEFFERY^{AF} FODD IN = 41

1991

	L	F	K	HS	D	HY	PD	MF	PA	PT	SC	MA	SI
RAW:	6	7	15	13	31	23	30	29	10	36	26	16	26
T:	57	60	55	54	84	62	76	67	56	77	57	48	51

WELSH CODE: *2 74*53-8610/9:=

H IS THE BEST GROUP, LEVEL IS LOW

GROUP= H

LEVEL= LOW

TYPE= (10)

CARE SHOULD BE TAKEN TO DISTINGUISH INMATES WHOSE PROFILE LEGITIMATELY PLACES THEM IN THIS GROUP FROM THOSE WHO RANDOMLY MARKED ANSWER SHEETS OR HAD DIFFICULTY READING AND/OR UNDERSTANDING THE TEST ITEMS AND INSTRUCTIONS. INMATES IN THIS GROUP PRESENT THE HIGHEST LEVEL OF PROBLEMS IN INSTITUTIONAL ADJUSTMENT, INTERPERSONAL RELATIONSHIPS WITH PEERS AND AUTHORITIES, AND WORK PERFORMANCE. THEIR EMOTIONAL DISTURBANCE, PERSONAL PROBLEMS, AND INEFFECTIVENESS ARE EXTENSIVE AND THEY MAY BE EITHER VICTIM OF OR PERPETRATOR OF VIOLENT INCIDENTS (OR BOTH). THEY MAY BE EXPERIENCING CONFUSION AND THOUGHT DISORDER. TREATMENT APPROACHES MAY INCLUDE INPATIENT PSYCHIATRIC CARE, OR SUPPORTIVE OUTPATIENT TREATMENT BY PSYCHIATRIC SERVICES. PLACEMENT SHOULD BE DESIGNED TO CONSIDER THE AVAILABILITY OF SUCH TREATMENT AND TO PREVENT EXPLOITATION BY OTHER INMATES OR AGGRESSION TOWARD OTHERS. GOALS TO WORK TOWARD ARE DEVELOPMENT OF IMPULSE CONTROL, AVOIDANCE OF FURTHER WITHDRAWAL, AND ALLEVIATION OF DISTRESSING SYMPTOMS OF EMOTIONAL DISTURBANCE. IN MORE SEVERE CASES WHICH DO NOT RESPOND TO TREATMENT READILY, TRANSFER TO A FORENSIC TREATMENT FACILITY MAY BECOME NECESSARY.

PSYCHOLOGICAL INTERVIEW / DATA ENTRY FORM

Name: Donald Jeffrey Todd AIS #: 40777 A R/S: W/MDate: 6 / 6 / 90 DOB: 11 / 6 / 63 AGE: 26Beta 76 WAIS 11.0 WRAT-RL 11.0 Last School Grade Completed 9th

MMPI Welsh Code

Not Available

Megargee Type

General Appearance

 a. Neat and generally appropriate b. Poorly groomed e. Other✓ c. Flat or avoiding interaction d. Sad or worried

I. Interpersonal Functioning

 a. Normal-good relationships likely✓ b. Withdrawn / apparent loner c. Likely to ignore rights / needs 3. 4. 5. 6. (See Copy)✓ d. Lacks skill or confidence e. Probably difficult to get along with*Other (Specify) 1. 2.

II. Personality

 a. Healthy b. Antisocial c. Paranoid d. Explosive e. Dependent f. Passive-AggressiveOther (Specify): 1. Schizoid 2. Schizotypal 3. Histrionic 4. Narcissistic✓ 5. Borderline 6. Avoidant 7. Compulsive 8. Atypical/mixed 9. See Copy (Write in your wording)

III. Substance Abuse

 a. Alcohol addiction / abuse history 13-26 04/20 3 part b. Drug addiction / abuse historymj. 13-26cocaine 16-2604/ ph source04/ 50cc"you name it"Ins. Needle Use
Last treatment at Adult Probation
Rehab Shaker Army '90

N-259

White to Central Records File
Yellow to Institutional File
Pink to Hospital RecordsDate: 6-7-90

See manual for selections and numbers for "other"

Psychological Interview / Data Entry Form
Page Two

- _____ c. Current use _____
- _____ d. Current addiction _____
- *Other _____ 1. _____ 2. _____ 3. _____ 4. + _____ 5. _____ 6. _____ 7. _____ 8. _____
- _____ 9. (See Copy) poly substance use

IV. Emotional Status

- _____ a. No significant problems
- + b. Depressed I state I am having Melancholia
- _____ c. Anxious or stressful _____
- _____ d. Angry or resentful _____
- _____ e. Confusion or psychotic symptoms _____
- _____ f. Mood disturbances _____
- _____ g. Sexual maladjustment _____
- _____ h. Paranoid ideation _____
- _____ i. Sleep / appetite disorder _____
- *Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. + _____ 7. _____ 8. _____
- _____ 9. (See Copy) _____

V. Mental Deficiency

- _____ a. Mild
- _____ b. Moderate
- _____ c. Severe
- + d. Borderline
- _____ e. Organic impairment suspected
- _____ f. Memory deficit

Remarks: Gu

Psychological Interview / Data Entry Form
Page Three

VI. Management Problems Ideation _____

_____ a. Suicide potential Plans _____

History of attempts / gestures _____

_____ b. Serious mental history (specify) 57 Depressive Major Eps. Hospital+ _____ c. Impulsive / acting-out behaviors predicted potential

_____ d. Authority conflict _____

_____ e. Manipulative / untrustworthy _____

_____ f. Easily victimized _____

+ _____ g. Escape potential _____

_____ h. Assaultiveness _____

*Other _____ 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. + 9. (See Copy)Melland => for review on

VII. Educational Needs

_____ a. ABE _____ b. Special Education + c. Trade School _____ d. Jr. College

VIII. Mental Health Needs

Date referred Month _____ Year _____

_____ A. Refer to psychiatric service _____ C. Depression + K. Personal Development+ B. Substance abuse counseling _____ E. Sexual adjustment

_____ D. Stress management _____ G. Anger induced acting out

_____ F. Reality therapy _____ I. Self-concept enhancement

_____ H. Values clarification + J. Healthy use of leisureRECOMMENDATIONS / REMARKS: 26 yr old repeat offender +chronic substance abuse since 12 yrs.Risk assessment suggests level 5 / Medium - custody

Signature

Date

DATE	TIME	NOTES	SIGNATURE
------	------	-------	-----------

11/20/97	2:55 PM	Spoke w/ Greg Tucker, LPN at DCF. Ernie Gould was referred to Mental Health Services for out-patient treatment. Nurse Greg Tucker informed me that he would refer Ernie Gould to Mental Health Services. C. Wilcox, M.S.
----------	---------	--

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Doyle, Jeffery	140977			

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
3/9/99		<p>c/o Depression, worry, meds-seeking "I do have bad nerves" "I want some medication." Imp. ASPD Plan: 1) RTC, PRN, since he has absolutely no interest in anything but pills 2) Hold accountable PH Van Winkle, PRN</p>	
4/27/99	189 th	<p>"Losing my appetite, listless, sleep a lot - need something for my nerves. In spite of alleged anorexia, has gained 40# in 18 mos. A - no mental illness P - proactive RTC & mg G. M. Blair MD</p>	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Could, Jeffery	140977	35	W/M	SCC

INMATE NAME: <u>Gould, Jeffery</u>	IL <u>140977</u>	LOCATION: <u>B1-4</u>	DOB: <u>11/06/63</u>
------------------------------------	------------------	-----------------------	----------------------

REASON FOR REFERRAL:

Inmate request review of Rx, 70 being depressed

() CRISIS INTERVENTION

- () Family problems: _____
 () Problems with peers: _____
 () Recent stress: _____
 () Other: _____

() EVALUATION OF MENTAL CONDITION

- | | | |
|--|------------------|---------------------------------------|
| () Suicidal | () Anxious | () Physical Complaints <u>Nausea</u> |
| () Homicidal | () Depressed | () Sleep Disturbance <u>Insomnia</u> |
| () Murdative | () Withdrawn | () Hallucinations/Delusions |
| () Hostile, angry | () Poor hygiene | () Suspicious |
| () Other inappropriate behavior _____ | | |

() EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

Traxadone (40 some)

() OTHER _____

COMMENTS:

Serving 25yr sentence, 9/2004 parole date

Referred by: <u>Dee L. Brown</u>	Department: <u>Onyx</u>	Date: <u>1/26/99</u>
----------------------------------	-------------------------	----------------------

MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

PH known to me from Donaldson. Somatic complaints, mainly headache. Refused to do SRH call. Does not want Traxadone

A - no mental illness

*P - s/c referral made for him
 re headaches
 appt at Dr Van Wyk
 RTC 2 mo*

Follow-up by: <u>Grullman MB</u>	Date: <u>2/2/99</u>	Time: _____
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CORRECTIONAL MEDICAL SERVICES

INTERDISCIPLINARY PROGRESS NOTES

Patient
Name _____

GOULD, JEFFREY I.D. # WDCF

Institution 140977

DATE	TIME	NOTES	SIGNATURE
11/19/98	POP	S BID FOR PROZAC, ATIVAN, KLONOPIN, SEDAX, RITALIN - "DESYREL GIVES ME HA" O LONG HX HAS PRIOR TO DESYREL REVIEWED. DECIDES TO CONTINUE ON DESYREL - "DOES ME SOME GOOD" RESENTFUL AND IMPERTINENT. OAH GSB ANOX3. NOT SIGNIFICANTLY DEPRESSED NOW. A DRUG SEEKING BEHAVIOR. P WILL CONTINUE DESYREL 150MG HS RTC 2 mos.	
2/14/98		WDC7 - No show for Psychology. G. Ran (Psych.)	

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
9/14/98		WDC7 - Complained about rules on Drug Court, said he's being punished for something he didn't do. Said he should finish program in November. Reads in spare time. Plan: 7/10 in 90 days.	
10/19/98	34 y/o W/O	<p>Rankin, R. J.</p> <p>PAROLE REVIEW 2004 Hx</p> <p>SUBSTANCE ABUSE - IN SAP NOW. RITALIN D.D. AGE 10/11 AND TOLD HAD BIPOLAR DISORDER. HAD STABILIZER, NEVER R.D. HAD HAD ATIVAN, PROZAC, FLAVIL, SINEQUAN, TOERANIL, TRILAVIL, MELNORIL - FIRST IN CORRECTIONAL SYSTEM R'd FOR DEPRESSION. RECORD INDICATED COM' AND HALLUCINATIONS TO KILL SELF - WHICH HE DOES NOT TOLD ABOUT RECALL S ASKING FOR ANTIDEPRESSANT RISK PRIORS FOR MALAISE, D.T.A., APPETITE LOSS AND N.B.S. WT IS STABLE - THINKS HE IS 7LB BELOW PREVIOUS USUAL WT - O COHERENT HEARD HIS INTERVIEW NAME SOMETIMES. B SI ADOXB</p> <p>A. DYSTHYMIA - P.R. DESIREL. RTC 9 mos. R. J. Rankin</p>	

Patient's Name, (Last, First, Middle)	AI#	Age	R/S	Facility
Gould, Jeffrey	140977	34	W/M	WDC7

INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
6/22/98		WDC7 - Alert, cooperative, somewhat blunted affect. Focused on medication. Complained about recently received Ativan, "I need some decent medication." Serving 20 yrs. on 4x abuse conviction. Currently in Drug Court program. No obvious evidence of disturbed thought/perception. Is scheduled with Dr. Williams. Plan: T/U in 30 days.	
7/13/98		"Sleep a lot." In drug court. No thought disorder. Feels depressed at times. Wants no meds, but will take if he ever needs it. A - stable P - SAP. NO meds. RTC 3 wks	G. Rankin (Psy.)
7/20/98		WDC7 - "I'm cured, Doc." Said he's okay, should be somewhat depressed at times cause he's in prison. Minimal interest in anything water. Plan: T/U in 60 days.	G. Rankin (Psy.)

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Gold, Jeffrey	140977	34	w/m	WOCF

CORRECTIONAL MEDICAL SYSTEMS
REFERRAL TO MENTAL HEALTH

Attachment 3

INMATE NAME: <u>Jeffery Gould</u>	ID #: <u>140977</u>	LOCATION: <u>1-18</u>	DOB: _____
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REASON FOR REFERRAL:

() CRISIS INTERVENTION

() Family problems: _____

() Problems with peers: _____

() Recent stress: _____

() Other: _____

() EVALUATION OF MENTAL CONDITION

() Suicidal

() Anxious

() Physical Complaints

() Homicidal

☒ Depressed

() Sleep Disturbance

() Mutilative

() Withdrawn

() Hallucinations/Delusions

() Hostile, angry

() Poor hygiene

() Suspicious

() Other inappropriate behavior _____

☒ EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTIONDr. Willbainis

() HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

() OTHER _____

COMMENTS:

Inmate presents as depressed. Says he has seen
you in the past. Has been referred to Dr. Barlett, also.
Please assess for medication need.

Referred by: <u>M. Cunningham</u>	Department: <u>DOC</u>	Date: <u>6-10-98</u>
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

Already on my appt schedule. Appt moved up 8
next week.
Gouldman MD
6-15-98

Follow-up by: _____	Date: _____	Time: _____
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INTERDISCIPLINARY PROGRESS NOTES

DATE	TIME	NOTES	SIGNATURE
2/2/98		Doing OK. Sleeps better w/ med. No mood swings. Room cleaner. A - stable P - RTC 10 WK Gruntham MD	
3/30/98		WDLT - No show for Psychology. G. Runfart (P) D	
4/13/98		Having headaches + constipation w/ hydroxyzine. No thought disorder. Sample did not know about appt w/ Dr K. A - stable P - D/C med. See Dr K re further eval + possible 4 Rx for mild depression. RTC 3 mo Gruntham MD	

Patient's Name, (Last, First, Middle)	AIS#	Age	R/S	Facility
Gould, Jeffery	140977	34	w/m	WDCF KILBY

CORRECTIONAL MEDICAL SERVICES REFERRAL TO MENTAL HEALTH

INMATE NAME: <i>Bould Jeffery</i>	ID #: <i>140977</i>	LOCATION: <i>2</i>	DOB: <i>?</i>
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REASON FOR REFERRAL:

() CRISIS INTERVENTION

- () Family problems: _____
 () Problems with peers: _____
 () Recent stress: _____
 () Other: _____

() EVALUATION OF MENTAL CONDITION

- | | | |
|--|------------------|------------------------------|
| () Suicidal | () Anxious | () Physical Complaints |
| () Homicidal | () Depressed | () Sleep Disturbance |
| () Mutilative | () Withdrawn | () Hallucinations/Delusions |
| () Hostile, angry | () Poor hygiene | () Suspicious |
| () Other inappropriate behavior _____ | | |

() EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

() HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

() OTHER _____

COMMENTS:

*ms wilson from Kilby recommends he be
seen by mental Health per his request also.*

Referred by: <i>ms wilson</i>	Department: <i>Kilby</i>	Date: <i>11/20/97</i>
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

*Seen WDCF pop. Low-level sx of anx,
insomnia. No thought or affect disorder.*

*AXIS I mixed sub abuse
I adj disorder, undet*

Rx hydroxyphen 0.12 3 mo

Follow-up by: <i>Bruce Chansins</i>	Date: <i>12/1/97</i>	Time:
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CORRECTIONAL MEDICAL SERVICES
REFERRAL TO MENTAL HEALTH

INMATE NAME: <i>Gould, Jeffrey</i>	ID #: <i>140977</i>	LOCATION: <i>POP</i> <i>46/63</i>	DOB: <i>11/6/63</i>
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REASON FOR REFERRAL:

() CRISIS INTERVENTION

() Family problems: *Psy Referral - Depressed*

() Problems with peers:

() Recent stress:

() Other:

() EVALUATION OF MENTAL CONDITION

() Suicidal

() Anxious

() Physical Complaints

() Homicidal

() Depressed

() Sleep Disturbance

() Mutilative

() Withdrawn

() Hallucinations/Delusions

() Hostile, angry

() Poor hygiene

() Suspicious

() Other inappropriate behavior

() EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

() HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

() OTHER

COMMENTS:

Referred by: <i>Dr. Cox / Jensen</i>	Department: <i>OPC</i>	Date: <i>10/29/97</i>
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

11/10/97 *transferred back to being seen by a counselor.*

Follow-up by:	Date:	Time:
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G-69

CORRECTIONAL MEDICAL SERVICES REFERRAL TO MENTAL HEALTH

INMATE NAME: <i>Could Jeffery</i>	ID #: <i>140977</i>	LOCATION: <i>m 97</i>	DOB:
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REASON FOR REFERRAL:

() CRISIS INTERVENTION

- () Family problems: _____
- () Problems with peers: _____
- () Recent stress: _____
- () Other: _____

() EVALUATION OF MENTAL CONDITION

- | | | |
|--|---|------------------------------|
| () Suicidal | (<input checked="" type="checkbox"/>) Anxious | () Physical Complaints |
| () Homicidal | (<input checked="" type="checkbox"/>) Depressed | () Sleep Disturbance |
| () Mutilative | () Withdrawn | () Hallucinations/Delusions |
| () Hostile, angry | () Poor hygiene | () Suspicious |
| () Other inappropriate behavior _____ | | |

() EVALUATION OF NEED FOR PSYCHIATRIC INTERVENTION

☒ HISTORY OF PSYCHOTROPIC MEDICATION PRIOR TO INTAKE

() OTHER _____

COMMENTS: _____

Referred by: <i>R. Mahesh</i>	Department: <i>Physical</i>	Date: <i>10-25-07</i>
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MENTAL HEALTH FOLLOW-UP: EVALUATION/TREATMENT/DISPOSITION

duplicate

Follow-up by:	Date:	Time:
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IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE

10/16/93 No complaints today, except his eye is swollen. Reports very slight depression. Blames the cops for giving him a DUI & catching him with 1/4 oz MS & sending him back to prison. R T C ~~PRN~~ PRN.
Paul Van Wyk, PhD

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Gould, Jeffery	140977		w/m	

DEPARTMENT OF CORRECTIONS

IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE	
3/10/92	PT is 5 complaints; Sleep & Appetite ok; Somy ok & Rx of army. Denies suicidal or Assaultive ideation. Denies Delusions or Hallucinations. Mood stable. Affect - Appropriate; Plan to Continue 5 Medications. R/C pm only. <i>[Signature]</i>
3/17/92	No Complaints today. No Medications indicated. R/C pm only. <i>[Signature]</i>
10/19/93 Ventress	Headaches and can't sleep; stressed out. Had an apt. w/ Dr. O'neil re eye complaints but failed to show up. Denies feeling depressed, hopeless, helpless, suicidal or assaultive. Denies Delusions or Hallucinations. Mood anxious; Affect Appropriate; Contact w/ NL. Sensation clear. Imp: Adjustment Disorder Anxious. Mood. Plan Alax 50mg HS. R/C 6 Weeks. <i>[Signature]</i>
11/30/93 Ventress	Doing well and says he isn't taking his medication. Denies feeling depressed, hopeless, helpless, suicidal or assaultive. Mood stable; Affect Appropriate; Contact - No Psychosis; Sensation clear. Imp - Adjustment Disorder, Compensated; DC Alax; R/C pm only. <i>[Signature]</i>

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Could, Jeffery	140977			

DEPARTMENT OF CORRECTIONS
IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE

10/18/91 Coherent, depressed over eye problems. Talking about lawsuit over allergy to antibiotics. Got a piece of steel in eye he states. Handed at pt's request. Patch over R eye.

Maughan

17 Dec FAILED APPT AT CLINIC. MEDS REFUSED AFTER DISCUSSION & PT. DISCUSSED T.D. *Just*

2/18/92 PT. has been treated w/ a Hx of Psychotic Depression on Trivital + Mellaril but now said he did not tell the truth when he told of hallucinations and other psychotic symptoms. No longer has any signs or symptoms of depression or psychosis and wants off Trivital and Mellaril. Plan to slowly D/C both drugs and check pt in 1 week. *Whitney*

2/25/92 PT is 5 complaints today; Denies delusions or hallucinations Denies suicidal or assaultive ideation; Mood stable; Affect Appropriate; Content - Neg for signs of delusions or hallucinations Sensorium clear; AIMS Neg Plan to continue 5 medication R/T 2 Weeks. *Alm IV*

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
David D. [unclear]	140977			

CO-RECTIONAL HEALTH CARE
IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE

5/31/91 Coherent, flat, agitated.
 Requests miltivan & sinequan.
 Denies suicidal thoughts.

6/28/91 Coherent, flat, ^{maugher} wants to
 D/C meds. He's too sleepy
 next day. He's also in school
 & can't stay awake. Cut
 meds to 50 mg per day.
 Denies hallucinations or
 depression. Was hallucinating
 & voice told him to kill
 himself when he went on
 meds.

maugher

7/19/91 Coherent, dry mouth &
 requests D/C sinequan &
 try triavil. Cont upland.

8/30/91 Coherent, hallucinations stopped.
 Denies depression. Still some
 insomnia. ↑ triavil at pt's
 request.

maugher

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Gould Jeffrey	140977			

CORRECTIONAL HEALTH CARE
IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE

3/29/91 Calhoun, denies depression.
 Conit needs at pt's requests.
 Inmate

5/16/91 Int Eval at request of DOC 4. Feels
 was put on suicide watch by DOC 4 "out of
 spite" because 4 felt he was being manipulative
 (which he denies). Denies any suicidal
 intent, current or by hx. Denies "hearing
 voices," currently or by hx. (Denies any and
 all psychotic symptoms — "not crazy.")
 Denies significant depression other than
 situational. Feels "railroaded" by
 system.

Affect mildly dysphoric. Inmate
 requested info re: suicide watch be
 removed from jacket. Highly manipulative.
 RTC 2 wks.

EDM/MS

5-30-91 Inmate waiting to go to VCF for SAP. Feels
 may poss. go tomorrow. In relatively good
 spirits today. No complaints. RTC 1 mo.

EDM/MS

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Gould Jeffery	140977			

CORRECTIONAL HEALTH CA.

IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE
1/12/90 JF states still doing well but makes up. Wants Medivase increased to 400 mg. Mellaril in split doses. Understands about Tardive Dyskinesia.

1/15/90 - JF states wants Mellaril stopped - Can't give reason except doesn't sleep. Gets depressed. Now wants Dorepin. - Is always well except as this keeps him happy. Dorepin 100 mg BID.

2/27/91 - Taken Dorepin to help calm down & sleep. States as good as Mellaril. Will continue Dorepin 100 mg BID.

Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Gould, Jeffery	140977	27	Wm	CC

MEDICATION FLOW CHART


DATE	MEDICATION			How Given	COMMENTS
	Name	Dosage	#		
6-26-90	Mellairil	100mg	qhs		Rec'd @ LCF
	D/c Mellairil				
7/18/90	Elavil	50 gm	bid		
	D/c Elavil				
8/22/90	Doxepin	50 gm	bid		
10/3/90	D/c Doxepin				
	Mellairil	100gm	h.s.		
12/12/90	Mellairil	100mg	bid		
1/15/91	D/c Mellairil				
	Doxepin	100gm	bid		

DATE	LITHIUM LEVEL	OTHER LAB RESULTS

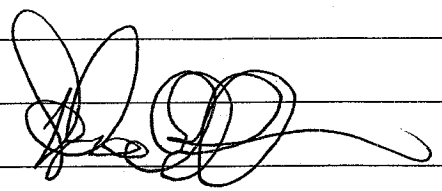
PATIENT NAME: Gould, Jeffery 140977

RECREATIONAL HEALTH CARE
IN-PATIENT MEDICAL RECORD
PROGRESS NOTES

DATE 8/22/90 - Not sleeping "too good". Depressed headaches bi-temporal. - 1x10.D. - couple hours to all day. - Not relieved except sporadically by Aspirin. "Knew" voices - not enough to worry about. Says Mellaril better than Elavil. 1000 of Tarquin dysphoria & refused Mellaril. - Wants switch to Depren 50qum x 2



10/3/90 - Not been taking medication, but feeling good. He says "murele" sleeping O.K. - Not depressed except for being locked up. - No voices. Wants Mellaril renewed since even thought before said didn't help. Knows possibility of Tarquin dysphoria will comply.



Patient's Name, (Last, First, Middle)	AIS #	Age	R/S	
Donald, Jefferey	140977	26	WM	CF